

THE

AMERICAN MEDICAL INTELLIGENCER.

Vol. I.

August 15, 1837.

No. 10.

ART. I.—“VULGAR ERRORS” IN MEDICINE.

BY THE EDITOR.

Under this title we purpose canvassing, from time to time, various topics, which may be placed either under the unquestionably erroneous or the doubtful. On some of these, well-founded difference of sentiment may exist; but in all disputed cases we shall honestly state our own conviction. The “Vulgar and Common Errors” of Sir Thomas Brown formed one of his most useful and instructive productions; and it would perhaps be well, that in every age a similar work should appear. We smile at the credulity of our forefathers as depicted in the works that have descended to us; but we doubt not that there were then reflecting and cautious observers, who by no means yielded their implicit assent to many of the beliefs of the day, or who were wholly dissatisfied with them, yet were fearful to combat them openly.

Several of the subjects which we propose to discuss belong to the curious, but not one of them can fail to be at the same time useful; by exhibiting in bold relief the sources of error, and placing them as beacons to present and future enquirers, to enable them to avoid similar fallacies.

No. I.—*Relics of the Doctrine of Signatures.*

“Seek out for plants and signatures,
To quack of universal cures.”—*Hudibras.*

It is strange—amidst the incongruous notions of former periods—that there ever should have been a time when it was universally believed, that every natural substance, which possesses any medicinal virtue, indicated, by an obvious and well-marked external character, the disease for which it is a remedy, or the object for which it is employed; that every plant, for example, had its “signature,” as it was termed, and that whereas turmeric is of a yellow colour, it must be capable of curing the jaundice,—that the *euphrasia*, or “eye-bright,” having a black spot on its flower resembling the pupil of the eye, must be an excellent application in affections of that organ;—that inasmuch as the *pulmonaria*, or “lungwort,” resembles, in its leaves, the texture of the lungs, it must be good in pulmonary affections; and, for the same reason, the *hepatica*, or “liverwort,” in affections of the liver, &c. &c.

This doctrine—in its extensions at least—acknowledged as its founder the renowned Paracelsus, who boldly affirmed, that to doubt it was to accuse the Divinity of trifling, his infinite wisdom having devised such outward visible characters to place the study within the reach of the limited powers of the

human mind; but as these signatures were very convenient for the fanatics,¹ seeing that they dispensed with the necessity for reflecting on the virtues of medicines, Paracelsus attributed them chiefly to the influence of the stars, and affirmed, that observation of the favourable constellations was an indispensable condition in the appropriate use of medicines. "Remedies," said he, "are subjected to the will of the stars, and directed by them. See, therefore, whether the heavens are favourable before prescribing any medicine."²

But the great apostle of the doctrine of signatures was Oswald Crollius, of Hesse, who was physician to the Prince of Anhalt, and became even a counsellor to the Emperor Rodolph the Second. He was an ardent propagator of the system of Paracelsus, and we are indebted to him for a succinct and accurate account of the whole of the theosophy of that erratic enthusiast. For nothing, however, is he more distinguished than for his treatise "*De signaturis rerum*," which is wholly conformable to the theory or rather to the visionary speculations of Paracelsus. "Every plant," says Crollius, "is a star, and every star a plant; the stars give to the plants their virtues, which they express by signatures."³ In proof of this he states that the leaves of the *sempervivum tectorum* resemble the gums, and therefore are antiscorbutic; that the flowers of the *convallaria maialis* resemble drops, and therefore are valuable in apoplexy, (*gutta*); that the roots of the bryony resemble a swollen foot, and are therefore good in dropsy; and that the *hypericum* or St. John's wort derives its name from *ὕπερ ἄλυσος*, *quasi sit supra spectra*, and is consequently the best means to be opposed to witchcraft;—the last, by the way, is an extension of the doctrine, the resemblance being in this case between the name appropriated to the plant and its functions, not deducible from any obvious and well-marked external character in the plant itself. Again, the lungs of a fox were esteemed a specific for asthma, because the fox is remarkable for being strong-winded. Poppies in their shape resembling the head are good for its diseases; the polished surface and stony hardness, which characterise the seeds of the *lithospermum officinale*, or common gromwell, were esteemed a certain indication of their efficacy in calculous disorders; for a similar reason, the roots of the *saxifraga granulata*, or white saxifrage, gained great reputation in the same affections;⁴ and the roots of the different orchidæ, owing to their shape being like that of the testicle, were esteemed sovereign in diseases of the genital system. Of these last, old Gerarde treats most learnedly in his "*Herball*,"⁵ chapter 110, wherein he thus speaks of "dogs' stones" and "the kindes." "Stones or testicles, as Dioscorides saith, are of two sorts, one named *cynosorchis* or dog's stones, the other *orchis serapias* or serapias stones. But because there be many and sundry other sorts differing one from another, I see not how they may be contained under these two kinds only; therefore I have thought good to divide them as followeth: the first kind I have named *cynosorchis*, or dog's stones; the second *testiculus morionis*, or fool's stones; the third *tragorchis*, or goat's stones; the fifth *testiculus*

¹ Sprengel's *Geschichte der Arzneikunde* ix. 2.

² Paragram 2, p. 219.

³ Croll. Basilic. chym. præfat. admonit., p. 23. *De Signaturis Rerum*, p. 19, and Sprengel. op. citat. ix. 3.

⁴ Paris's *Pharmacologia*, 4th Amer. edit., by Dr. Beck. p. 25. New York, 1831.

⁵ The *Herball*, or general history of plants, p. 205. London, 1636.

odoratus, or sweet smelling stones; or after *Cordus*, *testiculus pumilio*, or dwarfe stones." All these varieties were considered, however, to possess analagous virtues. "Dioscorides writes," says Gerarde, "that it is reported that if men do eat of the great full or fat roots of these kinds of dog's stones, (he is now speaking especially of the *cynosorchis*) they cause them to beget male children, and if women eat of the lesser dry or barren root which is withered or shriveled, they shall bring forth females;" but with due caution he adds,—“These are some doctour's opinions only;" and he concludes,—“It is further reported, that in Thessalia the women give the full and tender root to be drunk in goat's milk, to move bodily lust, and the dry to restrain the same."

A recent quaint and learned writer has referred to many other examples adduced by the believers in the doctrine of signatures,¹ which, although expanded by Paracelsus, Crolius, and others, is as old as holy writ.

The root of the mandrake, owing, it is supposed, to its resemblance to the human form, was esteemed a remedy against sterility, and this opinion must have been entertained in very early periods, for we find that Rachel demanded from her sister the mandrakes which Reuben had gathered in the field; impressed, it would appear, with a belief in the efficacy of the plant against sterility.² It was a common opinion among the ancients, that the seed of the mandrake taken inwardly purges the uterus, and J. Bauhin thinks it probable that Rachel being acquainted with this property might be desirous of the mandrake apples, so that after cleansing the uterus by their means, she might be the better disposed to conceive.³ "Great and strange effects," says Gerarde, "are supposed to bee in mandrakes, to cause women to bee fruitfull and beare children, if they shall but carry the same neere to their bodies. Serapio, Avicen, and Paulus Ægineta, write, that the seed and fruit of mandragoras, taken in drinke, do cleanse the matrix or mother; and Dioscorides wrot the same long before them."⁴

At the present day all would admit, that the doctrine of signatures is most strange and irrational, yet, what is equally so, the practice emanating from it will still be found to prevail in many civilised portions of the globe. So difficult is it to disembarass ourselves of opinions and beliefs that have been handed down from one to another for ages! The turmeric is yet given occasionally in jaundice; the euphrasia is still in the pharmacopœias of Brunswick, Spain, Paris, and Wirtemberg, and its German name *Augen-trost* ("eye comfort") sufficiently indicates its reputation; the lungwort still holds its place in some of the European pharmacopœias, as well as the liverwort and the houseleek. The last has indeed retained much of its former fame. It is found in the pharmacopœias of Amsterdam, Anvers, Holland, Belgium, Brunswick, Spain, Paris, Ferrara, Geneva, Hamburg, Oldenburg, Russia, and others. The same may be said of the lily of the valley, the bryony, the gromwell, the saxifrage, and the mandrake. All occupy places in officinal works on the *materia medica*, for which they were indebted originally to the notions entertained of their virtues in the

¹ The Doctor, vol. i. p. 124. Amer. edit. New York, 1836.

² Genesis, xxx. 14.

³ Sir T. Brown's Enquiries into Vulgar and Common Errors, chap. vii. London, 1659; and James's Medicinal Dictionary, article Mandragora, vol. ii. London, 1745.

⁴ Herball, Lib. ii., 353.

days of medical theosophy. It is chiefly, however, in the pharmacopœias of continental Europe, that we meet with these and other relics of ancient credulity. Most of them have been banished from the officinal works of Great Britain and this country, although we constantly hear of them in popular practice. But few practitioners, we presume, would be disposed to retain them on learning the occasion of their first introduction. The enquiry into their history is therefore not without its use; by learning the credulity of former ages we are warned against the same failing, and taught to scrutinise rigidly the various remedies that form the yet overstocked catalogue of the *materia medica*, to discover whether there may not still be articles which are admitted there, that may be entitled to no more confidence than those which were suggested by the doctrine of signatures. This doctrine must be regarded as the earliest example of that whose foundation and maxim are, *similia similibus curantur*.

ART. II.—ULCERATED BUBO TREATED BY CHALYBEATES.

BY M. CULLERIER,

Physician to the Hôpital des Vénériens, Paris.

In a recent periodical,¹ a reference is made to several cases of ulcerated buboes of an unhealthy character, appearing to be complicated with a sort of hospital gangrene, which occurred in the wards under the care of M. Cullerier. The base of these ulcers was tumid and covered with a grayish sanies; the edges were inverted and bloody, and instead of proceeding towards cicatrisation, they seemed disposed to extend more and more by invading the surrounding tissues.

This condition was generally observed in persons who had been long in the hospital, and who exhibited emaciation, debility, and some traces of scurvy. In these cases, M. Cullerier made use of the subcarbonate of iron with great success, mercury most commonly aggravating the symptoms. Under the influence of the chalybeate, the general condition was soon modified, and the cicatrisation of the ulcers took place rapidly.

The following is one of the many cases that occurred to M. Cullerier:—

"A wine merchant's man, aged twenty-eight years, was admitted into the *Hôpital du Midi* to be treated for numerous chancres on the penis, and for an enormous bubo occupying the whole of the inguinal region of the right side. A blister was applied to the most prominent part of the tumour, and on the next day the denuded skin was covered with a pledget of lint dipped in a solution of sulphas cupri (in the proportion of a dram to an ounce of water); on the falling off of the eschar it was found necessary to give issue to the pus by the lancet. After the matter was discharged, the swelling scarcely diminished in size. Frictions were made use of to the swollen glands by means of mercurial ointment; but it was soon necessary to suspend this treatment, the gums being swollen and ulcerated at their base. The hydriodas potassæ was substituted for the mercurial ointment. At the expiration of a month, another opening was made by the application of lapis causticus (potassa cum calce). The ulcerated bubo at that period presented the most unfavourable appearance. Its edges were inverted, its base black and bleeding; leeches were frequently applied to its interior, but without any kind of success. The following month a third opening was made, and

¹ La Lancette Française, Février 7, 1837.

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fresh leeches were applied to the middle of the ulcers; the pills of Sedillot¹ were then prescribed, but a fresh salivation rendered it imperative to suspend their administration. At length, after the excision of a portion of the dead skin, leeches were again applied frequently in the ulcers, but as unsuccessfully as before.

"The patient, after three months' suffering, became considerably weakened; the ulcers were fungous and livid, their base was bloody, the surrounding skin bluish; the gums bled with the greatest ease; all seemed to indicate a scorbutic habit. M. Cullerier thought it then advisable to have recourse to chalybeates. He prescribed a potion with half a dram of the subcarbonas ferri. At the end of eight days he increased the dose to a dram. The effects of this treatment were so apparent, that in the course of a few weeks, there scarcely remained more than the recollection of this frightful sore, which had resisted the application of such a variety of means. About a month after the use of the chalybeates this man left the hospital perfectly cured.

ART. III.—DR. T. R. BECK'S STATISTICS OF THE DEAF AND DUMB IN THE UNITED STATES.

In an article in the "Transactions of the New York State Medical Society," recently published, Dr. Beck has given the following table of the proportion of deaf and dumb in the several states of the Union:—

States.	Population.	Deaf and Dumb.	Proportion.
Maine	399,455	185	1 in 2159
New Hampshire	269,328	144	1 1870
Massachusetts	610,408	265	1 2303
Rhode Island	97,199	60	1 1619
Connecticut	297,675	300	1 992
Vermont	280,652	158	1 1776
New York	1,918,608	885	1 2167
New Jersey	320,823	222	1 1445
Pennsylvania	1,348,233	797	1 1691
Delaware	76,748	44	1 1744
Maryland	447,040	231	1 1935
Virginia	1,211,405	549	1 2206
North Carolina	737,987	313	1 2357
South Carolina	581,185	243	1 2391
Georgia	516,823	204	1 2533
Alabama	309,527	112	1 2763
Mississippi	136,621	41	1 3332
Louisiana	215,739	70	1 3081
Tennessee	681,904	200	1 3409
Kentucky	687,917	349	1 1971
Ohio	937,903	435	1 2156
Indiana	343,031	144	1 2382
Illinois	157,445	66	1 2385
Missouri	140,455	35	1 4013
Michigan	31,639	15	1 2109
Arkansas	30,388	14	1 2170
Florida	34,730	11	1 3157
District of Columbia	39,834	14	1 2845

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¹ These pills are made by adding three parts of *mercurial ointment* to two parts of *soap* and one part of *powdered liquorice*. Each pill is made to weigh from four to six grains.—*Ed.*

In his researches, Dr. Beck was struck with two circumstances,—*first*, the remarkable diversity in the proportion of the deaf and dumb occurring in various states. “Thus,” he says, “even if we exclude Connecticut, on account of her extensive asylum, and which undoubtedly increases her ratio, it still seems difficult to explain why the northern states should have a larger proportion than the southern, or again, why the proportion of Rhode Island, which joins Massachusetts, should be so much greater than that of the latter state. If we examine the counties in a particular state, we find, for example, that the county of Wayne, in the state of New York, with a population of 37,788, has 41 deaf and dumb, while Ontario, an adjoining county in the same state, with a population of 40,870, has only 8.”—(p. 10.) The *second* point that impressed Dr. Beck was, the apparently rapid increase of the deaf and dumb. It is true, he remarks, that the facts on this point are not numerous, but all that we have tend to show this. We extract the following proportions applicable to the state of New York, at three different periods:—

Year.	No. of deaf and dumb.	Population.	Proportion.
1825	644	1,616,458	1 in 2510
1830	885	1,918,608	1 2167
1835	1070	2,174,517	1 2032

In addition to the increase observed in the state of New York, Dr. Beck refers to similar facts connected with the states of Vermont and Pennsylvania.

The facts contained in this communication relative to the much greater prevalence of deaf-dumbness amongst the free blacks than the slave population, and the statistical details which Dr. Beck gives in reference to European countries are highly interesting to the enquirer into vital statistics.

ART. IV.—TREATMENT OF AMAUROSIS BY APPLYING CAUSTIC TO THE CORNEA.

It appears that M. Lisfranc is in the frequent habit of applying caustic to the cornea in cases of mydriasis and amaurosis. He considers it much superior to every plan of treatment, whenever it is necessary to arouse the nerves of the fifth pair, and, indeed, the whole nervous and vascular apparatus of the eye; the inconvenience it has of occasioning ophthalmia has prevented him, however, from having recourse to it until he has tried every other means. This inconvenience, according to M. Serre,¹ may be avoided by making more extensive and more superficial applications. By touching the cornea successively on five or six points of its circumference, “the necessary injection has occurred, but without inflammation.” In one case, the iris resumed its mobility without any improvement of vision, and in another, vision was improved at the same time that the pupil became contracted and more impenetrable. M. Serre adds, that in experiments on animals, a great part, and even the whole, of the cornea may be blanched with the nitrate of silver without producing inflammation, or any durable alteration in its transparency.

The *modus operandi* of the nitrate, in cases of the disease in question,

¹ Bulletin Général de Thérapeutique, Janvier, 1837.

he thinks consists in its restoring the contractility of the iris, and in producing a powerful derivation, and "even an artificial fever at the exterior and in the interior of the globe of the eye; it sets in motion its whole nervous and vascular apparatus; is followed by a copious secretion of the nasal mucus and of the tears, and by pain in the cheek and forehead: the capillary vessels become engorged; the pupil contracts; the retina becomes more impressible; and the muscles agitate the bulb in all directions to abstract it from the action of the light." M. Serre says he has never seen inflammation supervene when the application of the nitrate was practised according to his principles, although he has touched the cornea in several places at the same time; and he affirms that in every aberration or disease of vision, where the cause is seated in the eye or its neighbourhood, the circumference of the transparent cornea may be touched with caustic with probability of success, especially if the pupil be immovable and dilated. The operation may be repeated as often as is found necessary.

M. Serre announces his intention of publishing a complete work on this plan, which he conceives is destined to render essential service "in certain special cases of amaurosis."

ART. V.—ON STINGS AND BITES OF INSECTS.

BY JAMES MEASE, M. D.

Philadelphia, August 1, 1837.

Sir,—In the "American Journal of the Medical Sciences," for November, 1836, I inserted,—1st. Accounts of three persons stung by honey bees—one in the temple, who died in ten minutes: another in the septum of the nose, who expired in thirty minutes: and a third in the right superior palpebra, who died in twenty minutes. 2dly. Notices of two persons stung by yellow wasps—one in the throat to the left of the glottis, another on the middle finger of the right hand; the former of whom died twenty-seven hours after receiving the sting, and the latter in twenty minutes. 3dly. A notice of a death the next day after being bitten by a spider. I also referred to several cases from Orfila, the *Bibliothèque Médicale*, and one from the *Dict. des Sciences Médicales*, of death, or severe indisposition, from the stings or bites of these insects. While my paper was in the hands of the printer, I heard of another serious illness from the bite of a spider, but not being able to obtain the particulars, I declined mentioning the case. Having been recently favoured with them from the attending physician, I offer the communication for your "Medical Intelligencer," with the view of drawing the attention of medical practitioners to the subject. Morbid agents to which thousands in the country are daily exposed, and which extinguish the vital principle in ten or twenty minutes, would seem to deserve the serious consideration of those who will be called to give relief on the occasion of their operation. It may be well at present to state the remedies which have been used with success.

1. External applications to the part stung,—olive oil, poppy juice, common table salt moistened, carbonate of ammonia, cold ley; these ought to be rubbed on the spot stung or bitten. 2. Internal remedies,—carbonate of ammonia, plantain juice. A sting in the throat inside,—draughts of a strong solution of common salt. In one case, a man who had been severely bitten by several bees, found immediate relief upon being bled, (Coxe's Med. Museum, vol. i., hexade 2d, p. 151.)

Springfield, Mass., July 21, 1837.

Dear Sir,—In the early part of July 1836, I was applied to by Eb. Chapin for advice in his own case, the history of which was as follows: About three days preceding, while at work in his corn field, he felt a sensation of

stinging similar to the sting of a wasp, but less pungent, upon the right leg, about two inches above the knee-joint, and directly struck upon it with his hand, in order to destroy the insect which he supposed had bitten or stung him, and proceeded about his work. He soon, however, was obliged to desist and leave the field, as the limb became painful and swollen, with faintness, nausea, and other sensations of an unpleasant character. When returned to his home, he applied various remedies to the limb for the cure of the sting of insects, having concluded that the wound was from the bite of the field spider, a large black species common in fields and hedges in the northern states, and being convinced that no other venomous insect infested his fields.

When I first saw the limb it was enlarged to nearly double the natural size from the patella to the groin, and very painful,—pulse frequent, respiration rapid, tongue furred, bowels costive, urine high coloured and thick, loss of appetite, and high mental excitement, &c. The bitten part at this time was surrounded by a circle of pale appearance, forming quite a contrast with the rest of the limb. Above the knee about the size of a dollar, in the centre of the circle, was a puncture about the size of that which might be made with a common dressing-pin. I applied a wash of ammonia to the wound, and acetate of lead with sulphate of zinc to the limb, and directed him after using it a limited time, unless relief ensued, to poultice with *yeast, bread, and charcoal*. I also prescribed hydrarg. submurias, 10grs., to be followed in six hours with epsom salts and cream of tartar; no relief ensued, the inflammation increasing took on an erysipelatous character, with general febrile symptoms. Various applications were made for several days without arresting the inflammation, and after the lapse of a week the wound and soft parts adjacent became evidently gangrenous, and soon commenced sloughing to the depth of from one half to an inch and a half. Nothing seemed to control the progress of the mortification until it had completely encircled the limb, with the exception of from one to three inches, varying in width on the under and inner side of the limb and reaching to the scrotum, which seemed to be threatened with destruction, and the anus, when fortunately a distinct line of demarcation formed while subjected to a poultice of white oak bark pulverised and mixed with wheat bran. Many other remedies, both internal and external, had been previously resorted to. I cannot, however, be convinced that the bark was the sole agent in bringing about this desirable check.¹ The system was sustained meanwhile with quinine and wine, in as large quantities as the patient could bear, the bowels carefully attended to, and every other means used which the case seemed to indicate. The patient was at one time so much reduced as to convince his friends that life was to be of short duration, (after the sloughing had gone on for some days,) apparently in consequence of the excessive discharge of pus from the wound. As the diseased part had become extremely offensive, I removed with scalpel and scissors considerable portions of mortified skin and muscle, from day to day, as fast as might be done without much hemorrhage. Vessels of considerable size, which maintained circulation sufficient to bleed copiously upon division, existed in many places, when all other portions of the mass were putrid and senseless. From the time of the removal of morbid parts, the wound took on a healthy action, granulated and cicatrised, but of course moderately in so extensive a loss of parts, yet as rapidly as in cases of deep and extensive burns, or from any other cause. The patient got well with the recovery of the limb, and has since suffered no particular inconvenience excepting a slight lameness.

I should perhaps have remarked that the knee-joint became at one time so much inflamed and enlarged as to threaten at least ankylosis, and probably destruction of the joint.

There remains but little doubt in my mind, that the wound was inflicted by the spider mentioned, although no one can be made positive on that point, as it was not seen. I am, with high respect, your friend,

Dr. Mease.

GEO. FROST.

¹ Query.—What agent then did produce the happy change?

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ART. VI.—PREVENTION OF VENEREAL INFECTION.

It seems that on the occasion of a medical congress having assembled at Brussels, in 1835, a philanthropist placed at their disposal the sum of one thousand francs, to be given as a prize to the author of the best memoir on any subject which the assembly might think proper to propose. The following question was accordingly put *au concours*,—"To point out and determine the medical agents and the administrative measures and regulations best adapted for arresting or moderating the propagation of syphilis."¹ The congress, moreover, required of the committee of adjudication to extract from all the memoirs sent in whatever there might be of interest, and to form a complete work from them. This they appear to have attempted. In a late number of the *Bulletin Médical Belge*,² their work is noticed by Dr. E. Thirion, and some of their positions animadverted on. We extract from it the following hygienic measures, which could scarcely have appeared in any work that did not emanate from continental Europe.

"It is required that in every room used for purposes of prostitution, there shall be four tables,—two, of the genital organs of the male and female in the healthy and diseased states, the third containing the following instructions:—

"*For the man before the act.*—Not to make water. To examine the sexual organs of the female after having consulted the table, and, if he has the least doubt, not to have intercourse with her. *If, on the contrary, he is satisfied the woman is free from disease*, he will enjoin upon her to wash the parts, and inject the vagina with a solution of chloride of lime. In the last two injections, the chlorides may be replaced by a proper solution of the *corrosive sublimate*; an oily injection must then be thrown into the organs, or as complete an inunction as possible be made with cerate. He will next cover the male organ with a thick layer of cerate, or mercurial ointment, over which he will pass a *condom* of good quality. He must be careful to prolong the act as little as possible.

"*After the act.*—He must immediately make water, and hasten to wash the genital organs *with the solutions above-mentioned*, and to inject the canal several times with them, after which he must carefully wash his hands and lips and rinse his mouth well with cold water.[¹]

"The fourth table indicates the preservative means to be adopted by the female. These are nearly the same as those recommended for the male."

Dr. Thirion asks what is the use of all these precautions if the parties are found, on inspection, to be sound. If they were really sound there would be none; but venereal matter may have been recently applied, and be capable of exciting syphilis even when the party is not aware of its presence. We knew a case in which gonorrhœa was communicated to a husband by his wife, who was herself unaffected. She had had intercourse with a person who was diseased; some of the gonorrhœal matter remained on the parts, which was received by the husband, who had an unequivocal attack of the disease. The woman confessed to the intercourse; her paramour was labouring at the time under gonorrhœa, yet she continued entirely free from the affection.

¹ *Exposé des Causes les plus fréquentes de la propagation de la Maladie Vénérienne, et des moyens à y opposer.* Bruxelles, 1836. 8vo, pp. 100.

² Octobre, 1836, p. 277.

ART. VII.—ON THE CAPILLARIES OF THE EYE.

The following observations are extracted from the letter of an intelligent correspondent. They were suggested by the comments we made on Dr. Alexander's paper on the capillaries in a late number of this journal.¹ We may merely observe, in reply to the reference made to the appearances in our own eye, that they could not have been of the character to which our correspondent alludes, inasmuch as, instead of "rarely continuing in shape more than a second or two," they were identical, or nearly so, for months and even years.

"The pores of *all* fluids are filled with air—air bubbles, as they are commonly called. The great mass of these are so minute as not to be perceived by the most powerful glasses, yet when the fluid has a viscid tendency they become apparent. If we take, with the thumb and finger, as much of the saliva from the tongue as will lie in a drop, and then separate the thumb and finger slowly, a pure column of transparent fluid will be seen, the base and top of which will be attached to the skin. On examining this column with one of M'Allister's good pocket magnifiers (of two glasses), we shall perceive that this column quickly takes the form of a hollow globule of air. On separating the fingers farther—about an inch—there will be a number of small bubbles connected by a chain of others still smaller. On dividing the fingers two inches, more or less, the whole column will appear as a chain of transparent beads, connected by globules of a size too small to be seen by this kind of glass.

"Perhaps amongst the whole series of optical phenomena there is not a more beautiful and brilliant spectacle than this one; for independently of the unexpectedness, quickness, accuracy, and *completeness*, of the transition from a straight column to that of a chain of beads, each globule in a particular light becomes tinged with all the colours of the rainbow. On contracting the fingers slowly the small globules will run into a larger one. If the saliva is in a more viscid or glutinous state than usual, this string of air bubble will remain for a minute or more suspended, and the breeze in wafting it to and fro will not break it asunder. When in this state, if the lower end is loosened, this filmy string will float about for some time.

"It is this spectacle, when in the aqueous chamber of the eye, which Dr. Alexander considers as having the 'appearance of an extremely minute tube of glass, or rather of the most transparent isinglass, pierced with lateral pores which was seen standing out in bold relief, entirely disconnected with any thing else, and apparently floating in the air.' To a person unaccustomed to minute observation, particularly in natural phenomena, the globules that I describe would very likely be considered as *pores*. As to this tube standing out in bold relief, that is exactly true, quite as much so as that any filmy or mote-like substance appears to rest in the air if a glass of water is held before the eye. The *tube* which Dr. Alexander saw in his eye was nothing more than the viscid portion of the aqueous secretion, and the *pores* were simply the globules of air which this tube contained.

"Persons accustomed to such investigations will soon be convinced of the accuracy of the above statements, for they have only to look through different sized pin holes made in a card, and on looking up at the clear sky these transparent tubes will be plainly seen standing out and floating, apparently, in the air. That these tubular secretions are not attached to the *retina*, or in fact to any part of the eye, can be ascertained by resting the sight on some permanent spot or speck, either a quiet cloud, or the branch of a tree, &c. When the eye has given motion to this detached tube, if we rest it suddenly on a permanent external object, we shall perceive that the tube is slowly falling to the bottom of the eye.

"You will naturally observe that if this floating tube is rendered buoyant,

¹ Intelligencer for July 15th, p. 145.

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not only by the globules of air, but by its own tubularity, it should ascend to the *top* of the aqueous fluid instead of sinking below. This part of the phenomenon is accurately explained in the little work called 'Discoveries in Light and Vision,' (p. 86), and to which you refer in your remarks on Dr. Alexander's paper. If the work is not at hand, then the following experiment will explain the thing to you. While looking at the clear sky through a pin hole in a card, if we push up the lower eye-lid, we shall find that the *upper* half of the disk of the pin hole becomes dark, and if we press down the upper eye-lid, then the lower half of the disk is obscured.

"That the floating tube sinks to the bottom of the aqueous chamber is therefore an optical illusion, but it is an important fact in corroboration of the new theory of vision which the author of 'Light and Vision' has recently made public. It proves that objects seen inverted, *by the first impulse of light*, always remain inverted. With this part of the question we will not interfere at present, and it is only to answer a very pertinent suggestion that I refer to it now.

"You refer Dr. Alexander to 'Discoveries in Light and Vision,' and 'Purkinje and Steinbuch,' as well as to 'Human Physiology.' I am not aware that in any work, excepting the one first mentioned, these '*muscæ volitantes*' have been considered as a viscid secretion, or that the pores were globules of air. McKenzie, the most able writer on the diseases of the eye, although he must have read all the good works that related to the subject, nowhere supposes these *muscæ volitantes* to be composed of viscid or glutinous secretions; nor do I recollect to have met with the suggestion anywhere. At any rate, if these *muscæ volitantes*—of which the crooked tubes form a part—are ever supposed to be unconnected masses, it is merely in the form of a conjecture. The author of the 'Discoveries in Light and Vision' is the first one to point out a mode by which they can be seen at pleasure.

"You observe that such a tube as Dr. Alexander describes was once seen in your own eye, and you referred it to 'differences in the physical condition of the retina.' When you make the experiments with pin holes you will be satisfied that they are no way connected with the retina. Sometimes the same phenomenon will become apparent when we are in a boat on the river; the clear reflection from the water and the sky will make these tubes very perceptible. They have sometimes, as you describe, an open mouth, and they rarely continue of the same shape more than a second or two. The little dark bunches seen in the eye by many persons, are nothing more than a mass of air bubbles clinging together and adhering by this glutinous secretion. Their opacity and darkness is owing, as the author of the 'Discoveries' states, to the want of parallelism in their axes."

ART. VIII.—MEDICAL TOPOGRAPHY.—No. 1.

BY LEONARD M'PHAIL, M. D., OF THE MEDICAL STAFF, U. S. A.

A knowledge of the "Medical Topography" of the district in which he is located is of essential importance to the practising physician. It enables him to account satisfactorily to others as well as to himself for the peculiarities of the diseases that prevail—their causes, the pathological conditions they induce, and the therapeutic indications their symptoms point out.

The ancient physicians paid more attention than the moderns to the influences exercised by country, climate, and sidereal changes, upon the physical as well as moral condition of man.¹ However, absurd many of their hypotheses may appear to us who are blessed with greater lights to illuminate our paths of observation than they possessed, yet the *facts*, upon which they reared their superstructures of *opinion*, still remain to guide us to more cor-

¹ Hence Attic wit, Boeotian dulness; (*Attica elegantia, Boeoticum ingenium.*)

rect conclusions than they arrived at. The aphorisms of Hippocrates, and the books of Rhazes, Celsus, and Avicenna, with the writings of many others that could be named, demonstrate to the modern enquirer after truth, the *identity* of the diseases that are still known with those that prevailed many centuries ago; and the possibility of a nosological arrangement of affections upon the grouping of their symptoms. The ancients probably attributed too much to the influence of the stars and planets: yet, do not the moderns attribute to it too little? I cannot say that medicine has gained any thing by throwing aside the study of planetary influences: it has certainly lost much by an almost total abandonment of astronomical and meteorological observations. Who will pretend to say that the physical condition of man remains the same during all the mutations of our globe? Are not his susceptibilities to disease enhanced at times, and decreased at others? What observing practitioner has not noticed, with the sage of Cos, the favourable turn induced in mucous enteritis, and other affections, by a change in the hygrometrical condition of the atmosphere from a moist to a dry state—by changes in the winds from moist points of the compass to dry, and *vice versa*? Not only have these turns been observed to take place during transitions of the barometrical and hygrometrical conditions of the air, but also in its thermal variations. How deserving then of our attention is the study of medical topography, which is made to include, besides the physical geography of the district, a concise view of the atmospheric changes as indicated by the vane, thermometer, hygrometer, barometer, and rain gauge.

The object of this paper is to call the attention of physicians and surgeons, having charge of public hospitals and infirmaries, to the subject of medical topography. On almost every part of our country has national, state, or individual munificence, caused to be erected institutions for alleviating the sufferings of the sick. If in all these a regular "Diary of the Weather" were kept, with observations on the medical topography of the district, prevalent diseases and their etiology, pathology, and treatment—much information would be gained to the medical and no less to the general public, which is now lost to both.

Officers of the medical staff of our army, in charge of hospitals, are required to keep a register, case, prescription, and diet book; and to make a quarterly report of sick and wounded—with notes of the symptoms of the prevailing diseases, their probable causes, and the treatment pursued. They are required also to furnish, quarterly, a copy of the entries made in the book of the diary of the weather; with suitable observations on the topography of the country, climate, migratory birds and vegetation. The reports made from time to time by our army surgeons, if collected and conjoined with those made by citizen physicians, would form a valuable addition to our stock of information on medical topography and on endemic and epidemic diseases, and would enable some industrious and talented member of the profession to form a work on *hygiène* and *medical police* suited to the condition of the inhabitants and communities of every part of our widely extended country.

The forms adopted by the medical department of the U. S. army, of which an example will be found in the "Abstract" at the end of this article, are the best I have seen, and for the sake of uniformity might be generally adopted with advantage.

To the right of "rain" might be added, with advantage, a column for the barometer—observations to be taken three times a day.

"The *thermometer* will be kept in a situation where there is a free circulation of air, and where it cannot be affected either by the direct or reflected rays of the sun, or by radiation of heat from neighbouring bodies; as bare and dry earth, sand, gravel, or pavement walks, or other structures of a light colour. It should be placed considerably remote from massy walls, which slowly imbibe or part with caloric.

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distance at least equal to their height, and still further off, where it can be conveniently done. The conical rain gauge is to be suspended in a circular opening made in a board, which is to be fixed to a post, eight feet from the ground; the opening to be five inches diameter, and beveled, so as to fit the size of the gauge; into which the cap is to be fixed, with its base downwards, to prevent evaporation, should the measurement be *accidentally* delayed. The measurement is made by putting the scale to the bottom of the gauge, and noting the distance to the water mark. The graduation of the scale is by hundredths of an inch for the first three tenths of an inch and above that for tenths and half tenths. The intermediate distances may be measured by the eye, and set down in decimals.

"Observations by the thermometer will be made every morning when it shows the lowest degree, every afternoon when it shows the highest degree, and every evening an hour after sunset. The lowest degree generally occurs between the commencement of daylight and sunrise, and the highest degree between two and four o'clock in the afternoon; at which times these observations will be made.

"Observations by the rain-gauge will be made *immediately* after every shower or fall of rain. If a rain continue for any length of time, the observation will be made at suitable intervals, before the water rises high in the gauge. In freezing weather, when the rain-gauge cannot be used out of doors, it will be taken into the room; and instead of it, a tin vessel should be procured for receiving the snow, rain or sleet, that may then fall. This vessel must have its opening *exactly* equal to that of the rain-gauge, and widen downwards, to a sufficient depth, with a considerable slope. It should be placed where nothing can obstruct the descending snow from entering it, and where no drift snow may be blown into it. During a continued snow storm the snow may be occasionally pressed down into it. The contents of the vessel must be melted, and the water produced poured into the gauge to ascertain its contents, which must then be entered in the gauge column of the register.

"The remarks will contain appropriate observations on vegetation: as when the dogwood (*cornus florida*), the red or soft maple (*acer rubrum*), the june berry, shad bush or wild pear (*aronia botryassium*), the dandelion (*leontodon taraxicum*), in their natural situation, and the peach, apple, and pear trees in the open fields, are in bloom; that is, when about one half the blossoms are expanded. When the aments or catkins of the common alder (*alnus serrulata*), the white oak (*quercus alba*), the chestnut (*castanea vesca*), the black birch (*betula lenta*), the American aspin (*populus tremuloides*), begin to droop. When ripe field strawberries appear in quantity; and when the wheat harvest commences. When the last killing frost occurs in the spring, and the first in the autumn, as shown by their effects on tender buds, young leaves, or germs of fruit trees, or other vegetables; the vines of cucumbers, melons, beans, &c. They will also note the first appearance of barn swallows and martins; the occurrence of thunder and lightning, hail storms, hurricanes, meteors, white or hoar frost; the first snow, its depth occasionally, and its disappearance.

"The mean of the several thermometrical observations for the day will be found by adding the morning observation, twice the afternoon, and twice the evening observation to that of the next morning, and dividing the sum by six. The mean of the several observations for the month is found by dividing their sum by the number of days in the month. The hottest and coldest day is shown by the mean of that day.

"Half the number of times that any point of the compass appears in the A. M. and P. M. columns, will give the number of days in which the wind prevailed from that point during the month.

"The prevailing weather will be found in the same way, including every day of rain and snow, as cloudy, and noting the number of those in which it rained or snowed separately. The rain-gauge will be noted in inches and decimals."—*Regulations of the Med. Dep. U. S. A.*

ABSTRACT of Diary of the Weather at Fort Mitchell, Ala. N. L. 32° 20', long 85° W. from Washington, 85° W. from Greenwich.
FOR THE QUARTER ENDING MARCH 31, 1837.

MONTHS.	THERMOMETER.			Hottest day.	Coldest day.	WINDS.										WEATHER.				RAIN.		
	highest degree.	lowest degree.	mean temp.			N.	N. W.	N. E.	E.	S. E.	S.	S. W.	W.	Prevailing.	Fair.	cloudy.	rain.	snow.	Prevailing.	inches.		
January.	67	18	43.37	2½	6	3	2	5	3	6½	3	S. W.	23½	7½	10	—	—	Fair	2.29			
February.	72	20	49.99	5½	2	2	3½	3½	4½	4½	2½	N.	20	8	11	—	—	Fair	5.52			
March.	82	30	57.90	—	3	2½	4½	8	2	8	3	S. E. & S. W.	24	7	10	—	—	Fair	4.77			
Total.				8	11	7½	10	16½	9½	19	9½	South.	67½	22½	31	—	—	Fair	12.58			
Jan. 22. Anemnts of the alnus ser- pidata drooping. March 1. Amygdala persica in bloom. 6. Barn swallows appeared. 19. Singuilaria Canadensis in bloom. 21. Acer rubrum and vicia pedata in bloom.																						

Jan. 22. Amants of the *alnus ser-
pulata* drooping.
March 1. *Angedala perica* in
bloom. 6. Barn swallows appeared.
9. *Sanguinaria Canadensis* in bloom.
19. *Acer rubrum* and *vicia pedata* in
bloom.

MEDICAL TOPOGRAPHY.

Fort Mitchell is situated about three fourths of a mile from the right bank of the Chattahoochee river, in Russell county, state of Alabama—ten miles from Columbia, Georgia. The post comprises a reserve of about two square miles, bounded on the east by the river, and on the west, north, and south, by irregular hills of sand, covered with a growth of yellow pine and a sprinkling of scrub-oak. The barracks are frame, and the point of defence two block houses at the angles of a square of pickets situated immediately on the western border of the reservation on a sand hill. The *Hospital*, a little to the south and fronting east and west, has two wards for patients, a kitchen and mess room, and a dispensary and store room. The soil in the immediate neighbourhood is sandy: some alluvial and swampy ground intervenes between the post and the river. Springs abound in the neighbourhood, and yield pure water, as do wells sunk at the station. The climate is very variable; at all seasons the thermometer has frequently indicated a change of 30° in 24 hours; whilst alternations of dry and wet weather are common. Rains are frequently heavy, and attended with high winds and thunder and lightning; fogs and heavy dews are often observed; but owing to the sandiness of the soil, and the elevated position of the post, the undue moisture from rains, &c., soon percolates the earth, and passes off. The diseases that prevail are such as would be naturally looked for, as depending, in this latitude, upon sudden vicissitudes of weather; for example, diarrhoea, dysentery, and other derangements of the bowels; intermittent and remittent fevers, with disorders of the biliary and mucous organs.

NOTE.—Thermometers and rain gauges of uniform kinds are furnished by the medical department to the hospitals of all the military posts, as well as blank diaries of the weather and abstracts for the quarter. They are obtained, I believe, in New York.

LEONARD C. McPHAIL, M. D., U. S. Army.

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NOTE BY THE EDITOR.

Meteorology has met, and is about to meet, with so much attention in various parts of the Union, that independently of the advantages to the scientific enquirer as a department of physics, and the practical benefits to others, as the agriculturist and the mariner, which may result from it, it may tend to elucidate the interesting subject of medical topography. The legislature of the state of Pennsylvania, at their last session, liberally appropriated four thousand dollars for the advancement of meteorology, and out of this sum, which has been placed at the disposal of a joint committee on meteorology of the American Philosophical Society and Franklin Institute, a barometer, two common thermometers, and one self-registering thermometer, and a rain-gauge, have been purchased for each county in the state, which are to be placed in the hands of some skilful observer, who shall volunteer to keep a journal of the weather, according to a common form prescribed by the committee. All these reports are to be sent monthly to J. P. Espy, Esq., a gentleman who has devoted his attention most successfully to the cultivation of this branch of physical science, and who has been appointed meteorologist to the joint committee.

It is hoped, that in the course of another winter observations may be authorised by proper authority, which may yield interesting information from every portion of this extensive country.

ART. IX.—WOUND OF THE ABDOMEN WITH EXCISION OF A PORTION OF THE LIVER.¹

Wounds of the liver are known to be generally followed by fatal consequences; yet we meet with occasional exceptions. Such a case is related by MM. Dieffenbach, Fricke and Oppenheim. A boy, playing in a garden, fell in such a manner, that the blade of a knife, which was open in his pocket, entered the abdomen in an obliquely upward direction from the umbilicus towards the right hypochondrium; the wound bled freely and a red bloody substance projected from it, over which a compressive bandage was placed provisionally. Two days afterwards he was taken to the hospital. The surgeon in attendance on removing the dressing and observing a red substance hanging from the wound by a pedicle not broader than the blade of the knife where it is fitted into the handle, cut it off with his scissors. On examining the excised portion, a convex and a concave surface were observable, and at their point of junction anteriorly, a thin indented edge; the opposite side had a cut surface corresponding accurately to another similar surface belonging to the portion of the pedicle that remained in the wound.

At first, this substance was taken for a portion of the skin, muscle, or of a fibrinous clot; but a more attentive examination showed—and in fact all the physicians detected—that it was a portion of the inferior acute margin of the liver.

The little patient was subjected to a severe antiphlogistic treatment, and was soon cured without any functional lesion of the digestive organs. The excised portion of liver is preserved in the museum of the hospital.

¹ *Zeitschrift für die gesammte Heilkunde*, and *Gazette Médicale de Paris*. Janvier, 1837.

ART. X.—ON TYPHOID FEVER.

BY M. LEONARDON, D. M. P., OF MONTPONT, DEPARTMENT OF DORDOGNE.

In a long memoir, published in a respectable French periodical,¹ on the question, "To determine what are the affections called typhoid, with the primary alterations and those that are secondary,"—a memoir which obtained a medal of encouragement from the *Société de Médecine*—the author thinks himself justified in deducing the following conclusions:—

That typhoid fever is not simple enteritis; that it is not enteritis with consecutive alteration of the blood; that in the triple respect of causes, symptoms, and cadaveric lesions, it resembles miasmatic poisoning studied on man, and diseases artificially produced in animals by the introduction of putrid matter into the blood; and that with symptoms varying with the intensity, seat, and presence or absence of organic lesions, it always exhibits itself characterised by constant symptoms referable to the morbid state of the blood. Hence he believes, that in the existing state of our knowledge "the disease ought to be considered as the result of a primary and special alteration of the blood, the effect—and it may be said the constant effect—of which is a varioliform eruption on the mucous coat of the intestine;" and he adds, "all the other alterations noted by observers are only secondary."

ART. XI.—ON THE BITES OF RABID ANIMALS.

BY M. LISFRANC, SURGEON TO LA PITIÉ.

The following observations on the best method of treating wounds made by the bites of rabid animals have been recently made by M. Lisfranc, in his clinical lectures at the Hospital La Pitié.

It must not be thought that the symptoms of hydrophobia may be always so evident as to dispense with the necessity of watching every dog that appears sick. It has been said that the mad dog does not bark, and refuses to take liquids; these phenomena are indeed perceived in the majority of cases, but they do not always exist. A young girl met with a little dog, took it up, and in caressing it received a bite on the lip. This animal took food, drank willingly, and barked on the approach of strangers. Two days afterwards it ran off. About the fortieth day the unfortunate girl, who had been simply cauterised, by a physician, with ammonia, died of hydrophobia. I witnessed this fact myself.

The carelessness of patients and the ignorance of physicians are not the only causes which unhappily too frequently favour the development of rabid phenomena. There are in the country as well as in towns, quacks, a scourge from which, I hope, the new medical organisation will free us. One of them possessed a tooth of Saint Hubert, placed it in water and ascribed to the water the virtue of curing hydrophobia; it lost, however, its properties in those who were subjected to the cure of physicians. The reputation it acquired was great, as the generality of patients had not been bitten by mad dogs, and consequently hydrophobia could not be developed; whilst in the case of really envenomed wounds, the patients quickly experienced the fatal consequences, the effects of a confidence thus foolishly accorded.

The influence that these men exercised on the minds of their patients, either by usurped reputation, or by the mysterious apparatus by which they were surrounded, might in certain cases be useful, but bear in mind that the only really efficacious means is cauterisation; it ought to be practised as

¹ Revue Médicale, Decembre, 1836, and Fevrier, 1837.

soon as possible, even should the wound be old, it should not be laid aside. It has been known to succeed after fifteen or eighteen days, or even a month, in wounds which had cicatrised. Now what kind of cautery shall we prefer? Shall we employ the red hot iron or the potential cautery? This is a question for determination. The liquid butter of antimony has been greatly extolled; it has been supposed to act more deeply than the actual cautery, and that its employment was less painful. The motives upon which this preference is based, have not, however, much value.

In the first place nothing prevents us from producing, with the hot iron, by successive applications, as deep cauterisations as the circumstances may require; and secondly, if it produces more pain, the reaction which follows its application is so much the more energetic, and consequently more capable of destroying the action of the virus. Experience, besides, is not favourable to the recommenders of the butter of antimony. Some years ago, a great number of people having been bitten at Paris, and (as far as one could judge from different signs) by the same dog, Dupuytren, satisfied of the advantages of the cautery, prevailed upon the prefect of police to make a public notice inviting people who might be bitten to present themselves without delay at the Hôtel-Dieu, where their wounds should be cauterised. The great number of cauterisations which were practised on this occasion proved undeniably the superiority of the actual cautery; its employment was every where crowned with success. The butter of antimony, on the contrary, succeeded but in a slight degree, and the majority of the cases, subjected to its application, were, notwithstanding, attacked with hydrophobia.

It would be absurd to object, that it is dangerous to apply the hot iron in cases where the bite may have affected the eyelids; for instance, it is very evident that the action of a liquid caustic would be more difficult to command than that of the hot iron, which is more easily arrested or prolonged. The cautery should not be heated to whiteness. In this state it burns the tissues too quickly; the eschar, produced by the calcination, is a bad conductor of heat; and defends, as it were, the subjacent parts from the action of the fire. You will employ the red hot iron. Its action will be more tardy, but it will allow an opportunity for cauterising more deeply; the pain will be more vivid, but the reaction will be more powerful. I have applied three cauteries in the wound of the patient whose case has given occasion to these details, and, not satisfied with this deep cauterisation, I applied the hot iron to the surrounding tissues, so as to produce a burn of the second degree for the space of at least an inch around the eschar: if the wound had not been small, I should have extended the action of the fire further. The motives which led me to adopt this method of cauterisation in hydrophobia are too important to allow of their being passed over in silence.

I for a length of time used the cautery in the treatment of carbuncle and malignant pustule,—at first as generally recommended, afterwards for the purpose of producing with a red hot iron a burn of the second degree, upon the skin three or four inches around the wound. My success has been invariable up to the present time, even in those cases where—the disease being seated in the face—that kind of puffiness and elastic tumefaction, so well described by authors, has been seen to extend to the neck, and on the parietes of the chest. Some patients were even seized with obscure delirium, which indicated still more the seriousness of their condition. As the tanyards which surround us furnish every year a certain number of patients affected with carbuncle, you will probably have an opportunity for satisfying yourselves of the advantages of this method; it will not, at least, be difficult to prove to you that it is rational, by directing your observation to the processes which nature makes use of, when, left to her own powers, she frees herself of a carbuncle by an active and powerful reaction, an inflammatory circle is seen to enclose the poisoned parts, and to suspend, in some degree, their relations with the rest of the economy. It will not be pretended that in this case the inflammation has burned out the virus, as the hot iron or

caustic ought to do, according to some opinions, but it has put a stop to its progress by setting up around it a barrier against which its action is exhausted.

It is not, then, merely to decompose the virus, but to give rise to this salutary inflammation, that I have cauterised, and it is because the reaction which I want is weak and difficult to obtain in the tissues upon which the virus has already produced a septic action, that I extend the application of the hot iron farther than is generally done, upon parts often sound or but little altered, and for that reason less susceptible of reacting.

I have considered that I was able to apply with utility these principles of cauterisation to the cases of bites of mad animals. I have cauterised many persons bitten by the same dog; I will follow them up, as with this patient, as long as may be necessary to judge of the events of which I shall give an account hereafter. You will find in books every particular precaution requisite in cauterisation; I will not, then, entertain you with them. But I may remark, that the hot iron is at times very painful; patients will call for the employment of sedative means. Be careful how you yield to their entreaties; neither apply poultices, nor cold water, nor the chlorurets; use dry dressings, and do not endeavour to moderate useful pains, except when their excess may make you apprehend dangerous disturbance in the functions of the nervous system, which must be extraordinarily rare, and which I have not yet observed. In such case only, you may employ emollients and narcotics, but remember that they ought to be used to moderate pain not to remove it.

Such are the principles according to which I practise cauterisation, whether in malignant pustule and carbuncle, or in bites by rabid animals. I do not pretend to confine the application of these principles to these two cases; we ought to follow them up every time when it is required to destroy or arrest any virus whatever. You are too well acquainted with the hygienic cautions which must be made use of after cauterisation and during the time we have reason to fear the development of hydrophobia; it would be superfluous to give you an account of them.

ART. XII.—SUPPRESSION OF URINE OF TWELVE DAYS' DURATION.

BY DR. DÖRING,¹

Consulting Physician to the Duke of Nassau, and Physician to the Springs (Brunnenärzte) at Ems.

The main object of Dr. Döring, in the publication of this case, appears to have been to show the inaccuracy of a remark of Adelon in the *Dictionnaire de Médecine*, that the secretion of urine cannot be arrested for three days without death resulting. In Dr. Döring's case, death did not supervene until the expiration of twelve days, during which there was no secretion, renal or vicarious.

This is not the only instance that shows the incorrectness of sweeping conclusions regarding a machine so curiously constituted as the human body, and impelled by forces so different from those of ordinary physics. The assertion of the *impossible*, so common in the mouths of many, was well ridiculed by Erskine in the celebrated trial of Hatfield, for shooting at George the Third, of England. "A man," he says, "fell down from a house in Fleet street, and every body said it was 'impossible he could get up,' but he did get up, and there was an end of the impossibility!"

¹ Journal der praktischen Heilkunde, von G. W. Hufeland und Osann. Oct. 1836, s. 62.

BIBLIOGRAPHICAL NOTICES.

*Quetelet on Man.*¹

An extremely interesting work on "Vital Statistics," as the subject has been recently termed. It is divided into four books,—I. On the development of the physical qualities of man. II. Development of the stature, weight, strength, &c. III. Development of the moral and intellectual qualities. And IV. Of the properties of average man (*homme moyen*) and of the social system, and of the ulterior progress of their study. The *first* book is divided into seven chapters,—treating respectively of births in general and fecundity; of the influence of natural causes on the number of births; of the influence of disturbing causes on the number of births: on the still-born; on the influence of natural causes on the mortality; on the influence of perturbing causes on the number of deaths; and of population and its increments. The *second* book contains four chapters treating of the development of the stature; the development of the weight and its relations in the development of the stature; development of the strength; inspirations, pulsations, agility, &c. The three chapters of the *third* book treat respectively of the development of the intellectual qualities; the development of the moral qualities; and the development of the disposition to crime. Lastly, the *fourth* book is divided into two chapters, treating of the qualities (*propriétés*) of average man, and of the ulterior progress of our knowledge regarding the laws of the development of man.

We intend, from time to time, to introduce some of the author's interesting facts and deductions into the "Intelligencer."

*Stout on Cataract.*²

A creditable production, treating mainly of the definition, divisions, description, complications, causes, prognosis, treatment, &c., of cataract, on all of which the young author has evidently been well instructed, and has well profited by his instructions.

We are glad to see these dissertations occasionally published, inasmuch as a stimulus is thus given to the candidates for the *summi honores* in the different medical schools, to regard them of more consequence than is usually the case.

*Transactions of the Medical Society of the State of New York.*³

These transactions—with a copy of the whole series of which we have been favoured by the publishers through our distinguished friend Prof. T.

¹ Sur l'Homme et le Développement de ses Facultés, ou essai de physique sociale. Par A. Quetelet, Secrétaire Perpétuel de l'Académie Royale de Bruxelles, Correspondant de l'Institut de France, de la Société Royale Astronomique de Londres, des Académies Royales de Berlin, de Turin, &c. Tom. 2, pp. 327 and 327. Paris, 1835.

² A Thesis on the Cataract, with some Remarks on the Eye. By Arthur B. Stout. Presented to the Faculty of the College of Physicians and Surgeons of New York, for the degree of Doctor of Medicine. April, 1837. 8vo, pp. 56. New York, 1837.

³ Transactions of the Medical Society of the State of New York. Vol. iii. Part 2. 8vo, pp. 398. Albany, 1837.

R. Beck—were commenced in 1832. Three volumes have appeared, which contain, besides the proceedings of the society, many interesting communications in the domain of medicine.

The main papers in the part just published are,—The Annual Address, on the Derangement of the Digestive Organs, by John H. Steel; Report of a Committee of the Society on the Varioloid and the Means of counteracting its Progress; Professor McNaughton's Address, (noticed in a former number of the "Intelligencer"); On the Influence of Trades, Professions, and Occupations, in the United States, in the Production of Disease—being the prize dissertation for 1837, by Dr. B. W. McCready, of New York; A Memorial on the Subject of Cholera, &c., by Dr. James R. Manley; Observations on the Causes of the Large Proportion of Still-born Children in our large cities over those of London, by the late Dr. S. Avery; An Essay on Typhus Fever, by James Fountain, M. D.; Statistics of the Deaf and Dumb in the State of New York, the United States, as ascertained by the census of 1830, by T. Romeyn Beck, M. D.;—besides others of more partial interest.

We purpose, from time to time, to attract attention to some of those communications in the pages of the "Intelligencer."

King on Purpura Hæmorrhagica.¹

To this creditable dissertation was awarded—as the title imports—the Fiske Fund Prize of the Rhode Island Medical Society. It has likewise appeared in the pages of the "Boston Medical and Surgical Journal."

Dowson's Introduction to the Study of Medicine.²

The subject treated of in this small volume is mainly that comprised in a work by the editor of this journal, entitled "The Medical Student," which has been printed since last March, but has never been published in consequence of the distraction amongst the reading community occasioned by the pressure of the times.

"The objects of this little work," says Dr. Dowson, "are, to define, in as few words as possible, the import and extent of the various branches of medical knowledge; to show their connection and mutual dependence; to point out the most advantageous mode in which they can be studied, as well as the best books in which they are treated of; and to furnish the student with some directions for his conduct when he engages in the duties of practice."

The objects are excellent, but the author has treated them too cursorily for full advantage, and there is an absence of system which detracts from the force of his inculcations.

¹ Purpura Hæmorrhagica, its causes and treatment. By David King, Jr., M. D. (Fiske Fund Prize Dissertation of the Rhode Island Medical Society.) 8vo, pp. 38. Boston, 1837.

² An Introduction to the Study and Practice of Medicine, comprising a brief exposition of the various branches of medical knowledge; directions for their study; references to the best elementary and practical books; and a selection of medical precepts. By John Dowson, M. D., Member of the Royal College of Surgeons in London, and of the Royal Medical Society of Edinburgh. Small 8vo, pp. 98. London, 1834.

Medical Service of the Army of the United States.

The following passage relative to the medical service of the army of the United States, is extracted from a private letter to the editor from an intelligent officer of the medical staff of the army. Amongst the talented gentlemen composing that staff, there must be an accumulation of most valuable materials touching endemic and other influences in different parts of the Union, the communication of which to the profession could not fail to shed light where there is still much obscurity.

"No country is more liberal than our own in providing medical supplies for its armies and navy. The surgeon in our army and navy receives his annual supplies of medicines, hospital stores, &c., and should they prove insufficient or incomplete, he has the privilege of making requisitions on the quarter master or navy agent for such articles as may be necessary to the sick. He has also the right to commute for money the rations due the sick—which money is spent under his direction for such articles of diet as are more suited to their condition. Under this commutation of rations, several of the army hospitals have hundreds of dollars in advance of their expenses—ready in case of emergency so that the sick may at no time be without any thing their situation requires. An army surgeon is required to give the medical topography of his post or station—embracing every thing in regard to climate; the prevailing diseases—their causes, nature, and treatment; to keep a diary of the weather; make a quarterly report of sick and wounded; and keep a prescription, register, case, and diet book. Spread over the country as they are, from one extremity of the continent to the other, the army surgeons have greater opportunities than others of the profession to notice the influence of climate upon the physical man, and of studying the changes wrought on the moral one through the influence of civilised or savage life."

Medical School of the Transylvania University.—The medical corps of this school has been recently entirely made up by the appointment of Professor Eberle of the Medical College of Ohio to the chair of Theory and Practice of Medicine, and of Dr. Thos. D. Mitchell, of Cincinnati, to that of Chemistry and Pharmacy.

It will doubtless be an effective Faculty.

Life Insurance.—There are doubtless some of our readers who are scarcely aware that companies for effecting insurances on lives exist, and still more who do not understand the principles on which they are established. We esteem it therefore advisable to attract briefly the attention of our professional brethren to the objects aimed at by such institutions, and to the advantages that may result to them by availing themselves of the benefits offered. The object of an insurance on life is to provide a sum of money, at the decease of the person insured, for the benefit of his widow, family, friends, or creditors; and it is accomplished by paying a small sum to the insurance company, either annually or in one payment, the amount of which is determined by calculations founded upon the duration of life as deduced from experience. The insurances may be either for a single year, for a term of years, or for the whole life; and no other prerequisites to secure the insurance are usually necessary than the declaration of the age and health of the party, made by himself, and the certificate of a respectable physician, in reply to certain questions propounded in a printed form.

Let us suppose, by way of example, a physician, thirty years of age, whose professional income permits him to support his family in comfort,

but whose circumstances in life are such that he is not able to lay by more than about twenty-three and a half dollars per annum. If he determines to pay this sum yearly to an office for insuring lives, should he die immediately after he has insured, or at any subsequent period, he will have secured one thousand dollars to his family.

To the members of our profession whose incomes are generally limited, and their expenses fully equal to them, this system of insuring the life is most valuable, and it removes a load from the bosom of a husband and father of a family, which otherwise might be almost insupportable. What more cheering reflection than that, come what may, his family is provided for! This feeling is so generally entertained and acted upon in Great Britain, that perhaps the greater part of professional gentlemen insure their lives; and offices have even been established for their exclusive benefit.

Louis on the Method of Observing in Medicine.—We invite the attention of our readers to the admirable paper by Louis, of which we give a translation, from the pen of Dr. Bowditch, in this day's "Library." It is a full and logical account of the "numerical method," or method of counting, of which that distinguished pathologist may be regarded as the founder. In it Louis replies to the objections made by the opponents of the system, and we confess it appears to us in a manner that carries with it conviction, and scarcely admits of answer.

University of Maryland.—We are glad to learn that the trustees of this institution, at their late meeting, appointed W. R. Fisher, Esq., of Baltimore, Professor of Chemistry, in the place of Professor Ducatel. Mr. Fisher is a gentleman of talents, a graduate of the Philadelphia College of Pharmacy, and an excellent chemist. He has already published many results of his chemical investigations as applicable to toxicology, and so highly did the editor of this journal regard his attainments in this matter that he requested him to prepare the "Table of Poisons and their Antidotes," published in the editor's "General Therapeutics." To that table the editor appended the following note expressive of his opinion of Mr. Fisher's qualifications:—"This table was formed, at my request, by my friend, Mr. Wm. R. Fisher, of this city (Baltimore),—a gentleman whose scientific attainments are ample, and whose attention has been zealously and usefully directed to the chemical and other relations of toxicology, some of the results of which are contained in the pages of the "American Journal of Pharmacy."

At the same meeting Dr. Ellis Hughes, of Annapolis, was appointed Demonstrator of Anatomy.

Ligature of the Arteria Innominata.—Recent English papers assert that a great excitement was created among the surgical and medical gentlemen of Edinburgh by the successful operation of tying the great artery, called the arteria innominata. It was performed in less than fifteen minutes by Professor Lizars, for the first time in Great Britain. It was once performed successfully by Dr. Graefe of Berlin, and once in New York by Dr. Mott.

Meeting of Medical Societies—The Rhode Island and New Hampshire medical societies have recently held their annual meetings. At the meeting

of the last—the 46th—at Concord, Dr. Hill, of Northwood, addressed the society upon the subject of quackery, and the president, Professor Mussey, made a report, as chairman of a committee, upon the situation, as respects health and morals, of operatives in manufacturing establishments.

Gray Sulphur Springs of Virginia.—These springs, which have come into notice chiefly within the last two or three years, add another pleasant retreat for the invalid to the many afforded by the trans-Alleghany region of Virginia. They are situated three fourths of a mile from Peterstown, nine miles from the Red Sulphur, and twenty miles from the Salt Sulphur Springs. The waters have been analysed by Professor C. U. Shepard, and found to contain,—bicarbonate of soda; supercarbonate of lime; bicarbonate of magnesia; supercarbonate, or crenate, of protoxide of iron, or both; sulphate of magnesia and sulphate of soda, in traces; chloride of calcium and chloride of sodium, in traces; silicic acid; hydrosulphuric acid; nitrogen and alkaline or earthy crenate.

There are two springs, both of which contain the same ingredients, although in different proportions,—the one being termed the antidyspeptic spring, the other the aperient.

It need scarcely be said, that the great desideratum, in most chronic ailments, is appropriate revulsion, which is in no wise so satisfactorily accomplished as by change of location, and, therefore, independently of any virtues there may be in the Gray Sulphur waters, a temporary sojourn in a situation, the air of which is described as pure, dry, and elastic, while the temperature is delightful, can scarcely fail to be advantageous.

There can be no doubt that the Gray Sulphur Springs will constitute a valuable sanitarium.

Review of Dunglison's Therapeutics.—In the number of the "American Journal of the Medical Sciences" for August—just issued—there is a review of the Therapeutics of Dr. Dunglison, in which the reviewer very properly examines freely into the different views of the author, adding,—“We have spoken of Dr. Dunglison's treatise with freedom; it is very probable that the author and his friends may think that we have spoken, in some instances, with undue license and unnecessary severity.” We assure the reviewer, in all sincerity, that no such feeling has been excited in us by the perusal of his strictures, and we think we can answer, that the impressions of our friends will be the same as our own.

It will be obvious to every one, who will take the trouble of reading the work, and the review in the "American journal," that the two authors are, in their views as to therapeutical facts and enquiries, wide as the poles asunder, and there is but little probability that they will ever approach nearer. Conceiving, as we do, that every review should contain the honest fearless exposition of the opinions of the writer, we should be amongst the last to object to such productions, even when, from inadvertence or other causes, mis-statements may have been made as to the sentiments inculcated in the work reviewed. The opinions of the reviewer are those of one individual; the opinions in the work reviewed are clearly those of the author; when, therefore, they are widely apart, the difference must be regarded merely as difference of sentiment between two individuals. In the very

number of the "American Journal," in which the review appears, this kind of discrepancy is perceptible between the reviewer of the "Therapeutics" and the author of a bibliographical notice on "Colles on the Venereal," written, we believe, from the initials, by an estimable physician of this city, the former retaining the ancient belief—as he seems to do on most questions—that mercury is an "antidote" to syphilis: the latter being inclined to ascribe the removal of syphilitic symptoms under the mercurial plan of Dr. Colles to the affection getting well "in spite of the action of that agent," and he concludes, that with such views as Dr. Colles possesses upon fundamental points, his book is "calculated to retard rather than promote our knowledge of the pathology and treatment of the venereal disease." Yet, by others, the work has been considered as one of the best practical treatises, not only upon this but upon any subject that has appeared in modern times! It is one of the books reprinted by us in the "Library," and its merits can therefore be estimated by our readers.

BOOKS RECEIVED.

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From Dr. John Mason Warren.—A Letter respecting Santa Cruz as a Winter Residence for Invalids; addressed to Dr. John C. Warren, of Boston, Mass. By Joseph Tuckerman. 8vo, pp. 27. Boston, 1837.

From Dr. Bowditch.—Pathological Researches on Phthisis. By P. Ch. A. Louis, Doctor in Medicine of the Faculties of Paris and St. Petersburg, Physician to the Hospital La Pitié, &c. &c. Translated from the French, with introduction, notes, additions, and an essay on treatment. By Charles Cowan, M. D. E., M. D. P., M. R. C. S. E., Member of the Society for Medical Observation, &c. &c. Revised and altered by Henry I. Bowditch, M. D., Fellow of the Massachusetts Medical Society and Member of the Society for Medical Observation at Paris. 8vo, pp. 550. Boston, 1836.

From the same.—Anatomical, Pathological, and Therapeutic Researches upon the Disease known under the name of Gastro-enterite, Putrid Adynamic, Ataxic, or Typhoid Fever, &c., Compared with the most Common Acute Diseases. By P. Ch. A. Louis, President for Life of the Society for Medical Observation at Paris, &c. (with a motto). Translated from the original French by Henry I. Bowditch, M. D., Fellow of the Massachusetts Medical Society, &c. &c. 8vo, 2 vols. pp. 395 and 462. Boston, 1836.

From the Hon. J. Jackson, Member of Congress from Georgia.—Account of the Medical Properties of the Gray Sulphur Springs, Virginia. Second edition, with a statement of the cases of 1835 and 1836. 8vo, pp. 24. Charleston, 1837.

The Annual Announcement of Lectures of Jefferson Medical College for the Session 1837-8, with the list of students and graduates of session 1836-7. 8vo, pp. 16. Philadelphia, 1837.

An Introduction to the Study and Practice of Medicine, comprising a brief exposition of medical knowledge; directions for their study; references to the best elementary and practical books; and a selection of medical precepts. By John Dowson, M. D., &c. &c. 12mo, pp. 98. London, 1834.